

STATE MS.-DESOTO CO. 36  
FILED

SEP 29 3 20 PM '03

PREPARED BY:  
MCFALL LAW FIRM, LLC  
7105 SWINNEA ROAD, SUITE 1  
P.O. BOX 269  
SOUTHAVEN, MS 38671  
(662)349-7780

454 PG 306  
J. DAVIS CH. CLK.

\*\*\*\* NO TITLE WORK REQUESTED OR PERFORMED\*\*\*\*

JAMES DEAN SHEARON, EXECUTOR OF  
ESTATE OF MARGARET ANN SHEARON,  
A/K/A MARGARET A. SHEARON  
GRANTOR

TO

**QUITCLAIM DEED**

JAMES DEAN SHEARON,

GRANTEE

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00) cash in hand paid, and other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, JAMES DEAN SHEARON, EXECUTOR OF THE ESTATE OF MARGARET ANN SHEARON A/K/A MARGARET A. SHEARON, does hereby grant, bargain, sell and forever quitclaim unto JAMES DEAN SHEARON, a single man, any and all interest in the land lying and particularly described as follows, to-wit:


See Attached EXHIBIT "A"

This is the same property as deeded to Louis D. Shearon and Margaret A. Shearon as joint tenants with full rights of survivorship, by deed dated March 5, 1991, and recorded in Book 233, Page 431 in the Office of the Chancery Clerk of DeSoto County, Mississippi.

BY WAY OF FURTHER EXPLANATION: That Louis D. Shearon, Husband of Margaret A. Shearon, departed this life on May 3, 2003, a copy of the Death Certificate is attached hereto.

Taxes for the year 2003 are to be paid by JAMES DEAN SHEARON and possession is to be given upon delivery of this deed.

WITNESS OUR SIGNATURES, this the 23<sup>rd</sup> day of September, 2003.

  
JAMES DEAN SHEARON, EXECUTOR  
OF THE ESTATE OF MARGARET ANN  
SHEARON A/K/A MARGARET A.  
SHEARON

STATE OF MISSISSIPPI  
COUNTY OF DESOTO

THIS DAY PERSONALLY APPEARED BEFORE ME, the undersigned authority in and for the jurisdiction above mentioned, appeared JAMES DEAN SHEARON, EXECUTOR OF THE ESTATE OF MARGARET ANN SHEARON A/K/A MARGARET A. SHEARON, who being by me first duly sworn deposes and states on his oath that he signed and delivered the above and foregoing Quitclaim Deed as his free and voluntary act and for the purposes therein expressed after being authorized so to do.

SWORN TO AND SUBSCRIBED BEFORE ME, this the 29<sup>th</sup> day of September, 2003.

Lisa Runamand  
NOTARY PUBLIC

MY COMMISSION EXPIRES:

Notary Public State of Mississippi

My Commission Expires: March 24, 2006

Bonded Thru Haden, Everts & Garland, Inc.

Grantors Address:

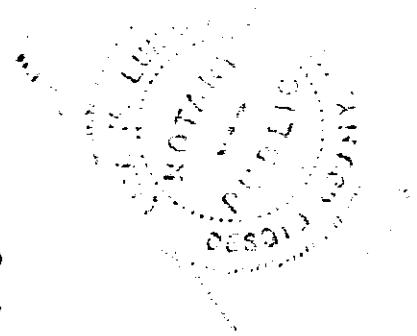
6305 Hwy 301 N.  
Walls, MS 38680

Phone: Res. N/A  
Bus. N/A

Grantees Address:

6305 Hwy 301 N.  
Walls, MS 38680

Phone: Res. 388-8080  
Bus. 370-8086



## Exhibit "A"

Part of the southeast quarter of Section 36, Township 1 South, Range 9 West, DeSoto County, Mississippi, more particularly described as beginning at a point on the east line of said Section 36 a distance of 3839.63 feet south of the northeast corner of said section; thence run south 00 degrees 08' 41" west a distance of 240.32 feet along said east section line to the northeast corner of the C. U. Nix property; thence run south 89 degrees 48' 42" west a distance of 379.63 feet along the north line of said Nix property to a one-inch metal pipe; thence run north 01 degrees 41' 01" east a distance of 223.45 feet to a one-inch metal pipe in line with a barb-wire fence to the east; thence run north 87 degrees 12' 33" east a distance of 374.12 feet to and along said fence to the point of beginning and containing 2.00 acres more or less. Bearings are based true north as determined by solar observation.

## LESS AND EXCEPT:

BEGIN at the southeast corner of Grantors property, said point being 1414.1 feet north of and 11.1 feet west of the southeast corner of Section 36, Township 1 South, Range 9 West; from said point of beginning thence run south 89 degrees 26' west along the southerly line of grantors property, a distance of 32.0 feet; thence run north 00 degrees 41' east along a line that is 60.0 feet westerly of and parallel with the centerline of State Project No. 79-0030-01-009-10, a distance of 238.1 feet to the northerly line of grantors property; thence run north 88 degrees 06' east along said northerly property line, a distance of 32.4 feet to the present westerly right of way line of Mississippi Highway No. 301; thence run south 00 degrees 45' west along said present westerly right of way line, a distance of 238.9 feet to the point of beginning, containing 0.18 acres, more or less, and being situated in the northeast quarter of the southeast quarter of Section 36, Township 1 South, Range 9 West, DeSoto County, Mississippi.

# STATE OF MISSISSIPPI

## MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

BK0454PG0309

TYPE OR PRINT  
IN BLACK INK

FILING  
DATE

MAY 23 2003

### CERTIFICATE OF DEATH STATE OF MISSISSIPPI

STATE FILE  
NUMBER 123-

DECEASED		1. NAME First Middle Last <b>LOUIS DEAN SHEARON</b>		2 SEX <b>MALE</b>		3a HOUR OF DEATH <b>11:30pm</b>		3b DATE OF DEATH (Month, Day, Year) <b>MAY 3, 2003</b>	
4 RACE (Specify White, Black, American Indian, etc.) <b>WHITE</b>		5a AGE AT LAST BIRTHDAY <b>60</b> Years		5b MOS <b>ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY</b>		5c DAYS <b>DEC. 18, 1942</b>		5d HOURS <b>DE SOTO</b>	
5e MINS		7b CITY OR TOWN OF DEATH <b>WALLS</b>		7c HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in either, give street address, route number or other location) <b>6305 HWY 301 N</b>		7d IF IN HOSP. OR INST SPECIFY INPT., OUTPT., EMER. RM. OR DOA <b>IL</b>		8 STATE OF BIRTH <b>IL</b>	
9 DECEDENT'S EDUCATION (Specify only highest grade completed) <b>12</b>		10 MARIED, NEVER MARIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		11 SURVIVING SPOUSE (If wife, give maiden name) <b>MARGARET LANE</b>		12 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <b>NO</b>			
13 ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) <b>AMERICAN</b>		14 SOCIAL SECURITY NUMBER <b>411-58-7535</b>		15a USUAL OCCUPATION (Kind of work done, most of working life) <b>SWITCHMAN</b>		15b KIND OF BUSINESS OR INDUSTRY <b>TCG RAILROAD</b>			
16a RESIDENCE—STATE <b>MS</b>		16b COUNTY <b>DE SOTO</b>		16c CITY OR TOWN <b>WALLS</b>		16d INSIDE CITY LIMITS (Specify Yes or No) <b>YES</b>		16e STREET AND NUMBER OR RURAL LOCATION <b>6305 HWY 301 N</b>	
17 FATHER—NAME First Middle Last <b>JAMES A. SHEARON</b>		18 MOTHER—NAME First Middle Maiden <b>JOHNITE HAMMONS</b>							
19a INFORMANT—NAME (Type or print) <b>MARGARET SHEARON</b>		19b MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>6305 HWY 301 N., WALLS, MS 38680</b>							
20a BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		20b CEMETERY, CREMATORY—NAME <b>FOREST HILL SOUTH</b>		20c LOCATION (City and State) <b>MEMPHIS, TN</b>		21a EMBALMER—SIGNATURE AND NUMBER <b>ROY BLAYLOCK 3586</b>			
21b FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER <b>FOREST HILL SOUTH 920</b>		21c MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>2545 E. HOLMES ROAD, MEMPHIS, TN 38118</b>							
22a PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) <b>Nell Chambers, R.N.</b>		22b PRONOUNCED DEAD (Month, Day, Year) <b>ON May 3, 2003</b>		22c PRONOUNCED DEAD (Hour) (AT) <b>11:55pm</b>					
23a CERTIFIER—NAME (Type or print) <b>Jeffery Pounders</b>		23b MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>4942 Pounders Rd. Nesbit, Ms. 38651</b>							
24a To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE <b>MD</b>		24b DATE SIGNED (Month, Day, Year)		24c STATE LICENSE NUMBER		24d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24e On the basis of examination and/or investigation in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE <b>Desoto CMEI</b>	
24f TITLE		24g DATE SIGNED (Month, Day, Year) <b>May 7, 2003</b>							
25 PART I: IMMEDIATE CAUSE (Enter one cause only). DEATH CAUSED BY (a) <b>Cancer Of Lungs, Spleen &amp; Bone</b> DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c)		Interval between onset and death		Interval between onset and death		Interval between onset and death			
26 PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I		27 AUTOPSY (Yes or No) <b>No</b>		28 WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) <b>Yes</b>					
29a ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		29b DATE OF INJURY (Month, Day, Year)		29c HOUR OF INJURY m.		29d DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED			
29e INJURY AT WORK (Yes or No)		29f PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		29g LOCATION		Street or route number		City or town State	

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

MAY 23 2003

Judy Moulder  
STATE REGISTRAR

### WARNING:

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.